



**Challenge TB - Bangladesh
Year 1
Quarterly Monitoring Report
April – June 2015**

Submission date: July 30, 2015

Table of Contents

1.	QUARTERLY OVERVIEW	3
2.	YEAR 1 ACTIVITY PROGRESS	7
3.	CTB SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 1	17
4.	SUCCESS STORIES – PLANNING AND DEVELOPMENT	18
5.	MDR-TB CASES DETECTED AND INITIATING SECOND LINE TREATMENT IN COUNTRY	19
6.	CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	20
7.	FINANCIAL OVERVIEW	23

Cover photo: Title: *The new Challenge TB Bangladesh Team*, photo by Akul Hossain

After some delays in start-up, Challenge TB Bangladesh had all key staff, except for the country director, recruited and working before the end of April 2015. From left to right: Dr. Kausari Jahan, MDR TB Advisor; Sarder “Tanzir” Hossain, Laboratory Advisor; Dr. Asif Mahmud, Senior Technical Advisor; Dr. Emdadul Hoque, M&E Advisor, Chris Welch Interim Project Director and Dr. Zakia Siddique, PPM & Risk Groups Advisor

1. Quarterly Overview

Country	Bangladesh
Lead Partner	MSH
Other partners	KNCV
Workplan timeframe	October 2014 – September 2015
Reporting period	April – June 2015

Most significant achievements:

This was the first quarter in which Challenge TB Bangladesh (CTB) had all its key staff – Senior Technical Advisor, MDR TB Advisor, Laboratory Advisor, M&E Advisor, and PPM & Risk Groups Advisor – with the exception of the country project director (CPD), thus some time was spent in orientation of the team to the project and the organizational structure. The new staff began their activities according to the agreed upon work-plan. Meanwhile an appropriate CPD, Dr. Andre Daniel Villanueva, was finally identified, approved by USAID and recruited and will begin at the end of July. Equipment for the CTB office within the MSH Dhaka office building was finalized.

One key achievement was ensuring the smooth transition from TB CARE II to Challenge TB, as CTB will take responsibility for some of the unfinished work of URC including procurement of the containerized lab and rollout of pediatric TB case finding to additional districts. As part of the transition, an urgent activity was identified for the workplan – (new activity 3.2.3). TB CARE II Project was providing a social support package (financial support) for Drug Resistant TB (DR TB) patients and their DOT providers in 19 districts and 4 City Corporations of Bangladesh. This support is provided under the Community Based Programmatic Management of Drug Resistant TB (cPMDT) strategy of the National TB Program and recommended by WHO. It ended June 30, 2015 when TB CARE II completed its tenure. From July 2015, this function was supposed to be taken over by BRAC, but in April 2015 they expressed their inability to take over this activity due to budget cuts under the new funding mechanism (NFM) of the Global Fund (GF). Although not planned in the Year 1 work plan, CTB stepped forward to continue without interruption this vital activity, and thus assure continuous quality care for the 800 DR TB patients. It has been included as a new activity 3.2.3 (modification pending). The CTB team has been actively involved in the extensive preparations that are required to implement this complex activity which includes adoption of the mobile banking system, verification of patients and Directly Observed Therapy (DOT) providers and necessary policy modifications.

Another key achievement this quarter was a workshop for developing a National TB Laboratory Strategic Plan which was conducted in late May/June with the assistance of KNCV lab expert Valentina Anisimova for 20 participants from key government and NGO partners. The workshop was conducted over 6 days, in two sessions – one for a general group and the other one for the core writing team. The main objective of the workshop was the review of existing policies, guidelines, standard operating procedures (SOPs), reports, etc. in order to prepare the draft plan of a National TB Laboratory Strategic Plan. The national TB laboratory strategic plan will be used for concrete, time-delineated, and target driven laboratory strengthening. It may also be used for advocating resource allocation, mobilization for scaling up, strengthening and sustaining the laboratory services. The final strategic plan is anticipated to address the following objectives: 1) Increase access to quality-assured AFB microscopy with effective EQA; 2) Improve the diagnosis of TB of AFB negative patients, especially among people living with HIV-3) increase access to rapid and conventional laboratory diagnosis of drug resistant TB; and 4) establish laboratory quality management systems. The draft plan is now in the process of finalization, with anticipated completion in the next quarter.



Eager participants listen to the opening remarks at the workshop for the development of the National TB Laboratory strategic plan in Dhaka (photo credit: Loren Gomes)



Dr Asif Mahmud, CTB's Senior Technical Advisor, addresses the workshop on Community Based Programmatic Management of Drug Resistant TB in Barisal Division, Bangladesh. (photo credit: Ashraf Mollah)

Another key achievement was a training on Community Based Programmatic Management (cPMDT) in Barisal, one of the more remote divisions of Bangladesh, as part of assisting the NTP to improve and expand the diagnostic and management capacity for addressing the MDR/XDR TB burden in

Bangladesh. CTB implemented a three days' training for members (seven members per Upazila, which is a sub-district) of the outpatient DR TB Team of Barguna and Bhola districts under Barisal division. The most important part of the cPMDT is the field preparation for trained health care providers, which was achieved through this training. Key aspects of the training included 1) Global & national TB/DR TB burden in Bangladesh; 2) Case finding strategy; 3) Treatment, and monitoring of treatment; 4) Adverse drug reactions; 5) Second line drugs management; and 6) Roles and responsibilities of the team. The operational aspects of the cPMDT strategy were delivered by the respective resource persons from NTP, WHO and CTB.

The final achievement to be highlighted this quarter is the desk review of TB in prisons, which has some implications for the future programming. TB activities in prisons are done by NGOs, with nearly complete coverage country wide. The main NGOs involved in prison TB control are ICDDR,B doing pre-entry screening under an operational research model, and BRAC and Damien Foundation (DF) supporting diagnostic services and providing TB drugs to prison medical assistants who provide DOTS. In most prisons there are no medical services and there is only passive case finding. A prevalence survey of DF in prisons (2003) showed a prevalence of 152/100,000 (79.4 in general pop).

Technical/administrative challenges and actions to overcome them:

One challenge this quarter centered on the transition of TB CARE II to Challenge TB, including delays in the preparations for installation of the Sylhet containerized laboratory, the above mentioned patient social support, the need for continuation the 14 field support staff from URC, and delays in recruitment of the mHealth Officer and Country Project Director. Each of these challenges and our response is further elaborated below.

One of the key focus areas for TB CARE II was the procurement of a containerized BSL3 lab, to be placed in Sylhet. Unfortunately, there are several key areas related to the establishment of this lab that were delayed, which have serious consequences. Challenge TB has already taken over the procurement of the lab, and will bear 75% of the costs of constructing the lab, along with all shipping and first-year's maintenance. However, there are several aspects that were to be done by TB CARE II that were delayed:

- Site preparation work (construction of foundation) was not started until the end of May (during the monsoon)
- Costs and activities that are the responsibility of the government – payment of customs duties, environmental clearance, fire brigade approval, and connection of electrical service – were not requested until late April or early May 2015, even though the lab procurement had been in process for two years.

Challenge TB worked together with USAID to accelerate TB CARE II's activities, which resulted in successful completion of site preparations by 30 June 2015. CTB contacted GIZ (the company contracted to manage the lab manufacture) to keep them updated on the status of site preparations and agree with them on the lowest-risk approach to ensure that the lab will be successfully installed. This includes agreeing to hold lab in South Africa until the site is ready and we have reasonable assurance that we will be able to clear customs without incurring significant demurrage charges or exposing the lab to higher likelihood of damage or theft. In Q4 CTB will take over working with civil authorities to ensure customs clearance, electricity connection, and fire brigade approval are taken care of, so that the lab can be installed & become functional as quickly as possible (TB CARE II secured environmental approval). CTB is also looking into security of the lab site, and whether a fence or roof will be required.

The next major challenge area – support to MDR patients and DOT providers – is a significant activity that was not included in the original workplan. CTB is working on a modification to add this crucial

activity, which has been requested by USAID/Bangladesh. In order to continue this financial support to approximately 900 recipients spread across Bangladesh, CTB needs to establish a strong system to ensure that funds are provided to the correct individuals through, but not beyond, their treatment period. In order to do this, CTB is opening an account at a new bank, to minimize disruption for the recipients. We are also confirming all new enrollees carefully, and coordinating with TB CARE II to ensure that we have full and confirmed information on all current eligible recipients.

The lack of a country project director and the mHealth Officer created some challenges, but the Director, Dr. Andre Villanueva, has now been recruited and will join the team for two weeks focused on APA2 workplanning on July 26th, then return home to pack and be on the ground full-time effective August 24th. To respond to these challenges, CTB undertook several key actions:

1. Shortlisting candidates for the mHealth role for selection in early July and onboarding upon completion of negotiations
2. CTB brought two individuals to provide support as the Interim Country Project Director (Chris Welch and Grace Hafner), providing nearly two months' coverage for this key role.

Another challenge is that the line director at NTP retired at the end of May. CTB is in the process of developing a good, productive working relationship with the new director, and setting up an appropriate memorandum of understanding (MOU) with the NTP to create a cooperative basis for the future.

The annual challenge of program implementation during the holy month of Ramadan started on June 19th. This has created some difficulties in setting up meetings and trainings as the attendees need to leave early and are rather exhausted and inattentive. In order to maximize the productivity of trainings and workshops, we are commencing earlier in the morning, so that participants can head home early for Iftar.

The last challenge is the uncertainty surrounding the new funding mechanism grant under the Global Fund – a grant that if it comes through, will be for much less than Bangladesh has received previously. This decrease in funding and uncertainty on receipt of funds make the NTP and other important partners working on TB who rely on this funding very nervous and anxious. There have already been staff cuts among the partners. This will be an ongoing issue into the new quarter.

2. Year 1 activity progress

Sub-objective 1. Enabling environment							
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Develop strategic plan for country-wide implementation of PPM	1.1.1	TOR for STTA , documents collection, team establishment and plan for workshop	1 st Draft plan developed	Final Plan developed, endorsed, printed and distributed	Draft plan is not yet prepared but all preparations are made to conduct a workshop with international STTA (Netty Kamp) to be held on third week of August '15	Partially met	Due to delay in starting CTB BD, this activity is delayed
Draft plan for implementing mandatory notification	1.1.2	Option for implementing notification explored and discussed & modified	Revised option prepared	Implementation finalized	Options for implementing notification explored, and activity will be deferred to year 2	Partially met	Very large and sensitive topic, which requires engagement of multiple stakeholders with different interests. Thus more time is needed to develop the proper process
ISTC planning for roll out in APA2	1.1.3	Information of ISTC use collected and analyzed	ISTC use in training analyzed; preparation of plan to rollout initiated	Roll out plan prepared	ISTC plan analyzed; No preparation yet made (deferred to yr. 2)	Partially met	Roll out plan preparation will be implemented in APA 2
Inventory of national ACSM activities in TB and other programs	1.2.1	Information on ACSM activities collected,	Information on ACSM activities, good practices analyzed	ACSM draft plan developed for year 2	Information collected & analyzed, and some preparations for draft plan completed	Met	
Sub-grants to LNGOs for community case finding	1.2.2	Sub grantees will be selected	Sub grantee selected,	Community case finding	Selection done, contracts being finalized. Sub grantee training	Partially met	Grants go into effect on 1 July, the day after

activities			contracted and procedure finalized	implemented by NGOs	scheduled for July 29		the TB CARE II grants end.
Inventory of health seeking behavior interventions and research	1.3.1	Source identified	Ideas studied and analyzed	Ideas identified	Ideas studied and partly analyzed	Partially met	
Inventory on costing and other patient-centered studies and materials	1.4.1	Literature research and identification of ideas; report prepared and future planning	Literature research and identification of ideas; report prepared and future planning	Literature research and identification of ideas; report prepared and future planning	Literature research and identification of ideas; report prepared and future planning by matrix preparation, gap analysis and generation of ideas for suitable intervention in APA2 done	Met	Document to be finalized in Q4.
Review of urban TB landscape	1.4.2	Existing docs and collaboration mechanisms reviewed,	Situation analysis, interview of the stakeholder's done and draft urban strategy prepared and in a workshop with NTP, partners(TA)	Finalize urban strategy based on feedback	Workshop will be conducted in 3 rd week of August with STTA	Partially met	Workshop will be held in August'15 where draft will be shared with NTP and other partners
Procurement planning for LED reagents	1.4.3			Quantify needs & prepare procurement documents for LED reagents (procurement to take place in APA2)	This activity is planned in Q4 and the procurement will be in APA2	N/A	According to plan it is scheduled in Q4 and procurement will be in APA2

Sub-objective 2. Comprehensive, high quality diagnostics							
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Develop national lab strategic plan	2.1.1	TOR, workshop team and date established	3 days' workshop conducted Draft copy developed	Final Copy printed and made available	Workshop held in May/June to develop the national lab strategic plan with input from lab experts from all key partners, including NGOs and the NTP. Draft copy developed and feedback collected for final version.	Met	Need to engage a budgeter to develop the financial section of the national plan.
Lab accreditation planning for NTRL	2.1.2	ToR for accreditation prepared	Accreditation study and report preparation	Accreditation report submitted	This activity needs to be shifted to year 2, The CTB team has reassessed this activity and recognizes that it is more of a long range goal	Not met	Because it was assessed by team that National Strategic Plan must be completed first
LED microscopy training	2.1.3			Training of 90 microscopists held	Preparations were made for next quarter (there is no Q3 milestone).	N/A	
Improve EQA system and implement the new EQA guideline (including FM microscopy)	2.2.1	ToR prepared trainings date fixed and New guideline printed. EQA training conducted with SSTA and 2 batch training by local CTB lab expert	Preparations were made	Workshop and one EQA training conducted with SSTA	Preparations made; with workshop scheduled for 1 st week of July	Met	
Ensure supplies for culture/DST for 1 NTRL and 2 RTRLs	2.3.1	Existing stock and forecast requirements calculated			Needs assessment by NTRL and NTP underway with support from CTB	Partially met	

Hain second-line LPA screening for all detected MDR cases	2.3.2	Procurement initiated, processed and finalized	Procurement finalized		Activities not initiated	Not met	This activity depends on starting the OR on 9 months DR regimen which is waiting for approval at MoH
Xpert cartridges procurement and maintenance Xpert machines (machines procured under TBCARE II)	2.4.1	Procurement initiated and processed.PR initiated and processed	Procurement finalized. Maintenance contracts signed		Xpert cartridges have been procured and will be shipped in early July. TB CARE II has now shared information on the warranty status of all Xpert machines so that we can sign maintenance contracts for the 2 machines whose warranties have already expired as well as for the additional machines whose warranties run through August 2015.	Met	Cartridges will need to be cleared by NTP
Support the NTRL for training and supervision to Xpert sites.	2.4.2	Support NTRL	Support NTRL	Support NTRL	Mechanism of supervision to be determined at next meeting of National TB laboratory committee in early September	Partially met	
Sustain mHealth system for DOT for MDR patients.	2.4.3	Procurement initiated & processed and finalized.	Procurement finalized	Engagement NTP/MoH in taking ownership initiated.	It was decided that mHealth system (developed by TB CARE II) will still be maintained by CTB until capacity is built within NTP/MoH; mHealth Advisor recruitment process has been initiated.	Partially met	
Sputum transport costs	2.6.1	Procurement initiated and processed	Procurement finalized		PR submitted and procurement of required shipping supplies is in process; to be completed in July.	Partially met	We are procuring packaging materials. Shipping agreement to be signed in August 2015.
Biosafety cabinets certified and maintained in 4 laboratories.	2.7.1	Procurement initiated and processed.	Maintenance completed		PR submitted, international RFP issued, company selected, and Purchase Order sent.	Partially met	Significant delays getting required tax documentation from selected firm so that PO could be signed; agreement is now in

							place.
Sylhet containerized RTRL	2.7.2	Procurement initiated & processed	Procurement finalized		<p>Site preparation has been made and shipment is on process.</p> <p>Negotiation is ongoing with NTP for payment of customs duties, set up of power connection, and other government responsibilities.</p>	Partially met	TB CARE II was responsible for political support for gov't costs and responsibilities (e.g., electricity connection, customs duties, and environmental clearance) through 30 June. CTB to take on this work in Q4.

Sub-objective 3. Patient-centered care and treatment							
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Improve detection and management of childhood TB	3.1.1		Training conducted in one division	Training conducted in one division	<p>Contract signed with Bangladesh Pediatric Association (BPA). It has taken initiatives for conducting training on childhood TB in Sylhet Division from July.</p> <p>Training not yet done</p>	Partially met	Subaward for this work was signed at the same time as those for activity 4.1.1. / 1.2.2.
Xpert testing for PLHIV and diabetics	3.1.2	RFA developed, Awardees selected.	Systemic screening commenced	Monitoring started	<p>No awardee has been selected for PLHIV.</p> <p>Cooperative agreement signed with Bangladesh Diabetic Samity (BADAS). They are commencing their activities from 1 July</p>	Partially met	As an alternative, CTB is now taking Initiative to alert PLHIV NGOS to refer the PLHIV to Xpert testing centers
TB screening of prisoners.	3.1.3			TB in prison draft strategy	Ahead of Q4, Situation analysis (desk review) conducted. Further discussions on draft strategy to be included in APA2	Met	

				developed			
cPMDT roll out in 4 districts	3.2.1	Workshop team and dates of workshop established.	Workshop conducted		Two batches of training were conducted in Barisal Division for the district of Bhola and Barguna. Another batch for the same district still needs to be conducted	Partially met	One more batch needs to be trained, in the first week of September as not all eligible participants could join first trainings
Improved detection of DR TB suspects	3.2.2	Workshop team and dates of established	Workshop conducted		This workshop is being planned to be conducted in mid-September	Not met	Delay due to competing activities and transfer of support system from URC
Social Support to MDR TB patients and DOT providers	3.2.3?				TB CARE II has shared the information on current recipients and CTB is setting up the process to ensure that this necessary support continues (contingent upon approval)		Not part of original WP; Modification requested to add this urgent support in Q4

Sub-objective 4. Targeted screening for active TB							
Planned Key Activities for the Current Year		Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Systematic contact tracing of all cases according to national guidelines	4.1.1	RFA developed for all case finding activities, awardees selected.	Systematic screening commenced	Systematic screening commenced ,activities monitored	Contracts with all Awardees signed.	Partially met	TB CARE II grants ran through 30 June, so CTB, in agreement with USAID, established these grants to commence activities on 1 July.
Define strategy for ACF in Bangladesh context	4.2.1			Capture, analyze and generate ideas on what has been done on ACF	This activity will be done in 4 th Quarter	N/A	

Sub-objective 5. Infection control							
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
FAST expansion	5.1.1			Draw lessons learned of the FAST intervention of TBCARE II and design expansion plan in year 2	Will be delayed until APA2	Not met	The original workplan included three full quarters for project work, whereas the team only had two quarters. Therefore, this activity will not be feasible during APA1 and will be reprogrammed in APA2.
N95 mask procurement	5.1.2	Procurement initiated , processed	Procurement finalized		Process completed, PR submitted. Delivery expected by mid-August	Partially met	
Revisit the policy for the use of N95 masks and fitting procedure and disseminate	5.1.3	Review effect of current policy in terms of stigma and discrimination and advice.	Disseminate revisited policy		This activity will be implemented in APA2	Not met	This activity will be implemented in APA2 because consensus generation and new policy formulation will require engagement of stakeholders through a workshop and approval by the National PMDT committee.
Introduce fit testing to chest disease hospitals	5.1.4	PR initiated and processed.	Procurement finalized	Fit tests done in 11 hospitals	Activity has been shifted to APA2	Not met	Activity has been shifted to APA2 because it is dependent on the new policy (5.1.3)

Sub-objective 7. Political commitment and leadership							
Planned Key Activities for the Current Year		Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Develop strategic plan to transition some/all NTP costs from donor to gov't funding	7.2.1		Strategic plan developed	Strategic plan developed	NTP leadership was not amenable to proposal	Not met	Transitions at NTP Line Director position. Cuts in NFM budget
Give technical support to CCM Secretariat	7.2.2	Continuous technical support to CCM secretariat and procurement processes	Continuous technical support to CCM secretariat and procurement processes	Continuous technical support to CCM secretariat and procurement processes	Working with the CCM Secretariat to define the support needs.	Not met	The CCM Secretariat has not yet identified appropriate areas in which support is needed; we expect to be able to do this after the current negotiations have been finalized (new grant signed mid-July 2015)

Sub-objective 9. Drug and commodity management systems							
Planned Key Activities for the Current Year		Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Operational research on 9-month regimen	9.2.1	RFA developed. Awardee selected.		Procurement commenced. STTA provided	The proposal of operational research for the implementation of the 9-month DR regimen has been submitted to Ministry of Health and Family Welfare, Bangladesh for approval.	Not met	Ministry approval pending. RFA process is completely on hold until the MOHFW approves moving forward.
						Choose an item.	

Sub-objective 10. Quality data, surveillance and M&E							
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Establish a research agenda	10.2.1	Revival of the research working group	Conduct the workshop where research agenda is prioritized. STTA external consultant		Research working group revived; first meeting to be held in August. Three additional working groups were revived at the NTP. Workshop planned for late August with STTA. ToR for external STTA developed	Partially met	
						Choose an item.	

Sub-objective 11. Human resource development							
Planned Key Activities for the Current Year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Joint supportive supervision.	11.1.1	Support JSS	Support JSS	Support JSS	NTP leadership was not amenable to proposal until the MOU between NTP and CTB has been signed.	Not met	Transitions at NTP Line Director position. MOU awaiting NTP signature.
Assess the balance of staffing and tasks between NTP and NGOs including supervision	11.1.2		Assessment developed		Needs international HRH consultant to support assessment and recommendation	Not met	An appropriate consultant is not available for this work until Q4. NTP is not available to work with consultant until October, due to launch of new Global Fund grant.

3. CTB support to Global Fund implementation in Year 1

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., Tuberculosis NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
Round 10 Tuberculosis Proposal consolidated with Round 8					
National Tuberculosis Control Programme, Ministry of Health and Family Welfare (PR-1)	A2	A2	42,550,198 USD	42,550,198 USD	\$33,081,839
BRAC (PR- 2)	A2	A2	57,212,179 USD	57,212,179 USD	\$51,073,675

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

NTP is implementing Round 10 Tuberculosis Proposal consolidated with Round 8, Global Fund TB grant 2nd phase. It has come to an end on 30th of June 2015. A concept note has been developed under the new funding model (NFM) amounting to \$ 70 million and was submitted to GF. NFM grant not yet been signed, however, Bangladesh received Indicative USD 50 million and Incentive USD 16.6 million for a Period (July 2015 through December 2017). Approved funding represents a \$40 million gap for full National Strategic Plan (of government of Bangladesh) coverage through 2017.

Two conditions have been imposed by Global Fund to Bangladesh, before the signing of the NFM grant. The Country Coordinating Mechanism is responsible for returning 4.2 million USD, and ensuring the provision of legal immunity to Global Fund as an organization, similar to other UN organizations.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

No direct interaction with Global Fund and CTB took place during this reporting period as the CCM was completely consumed with the negotiations for the next round and significant funding cuts, plus a threat to completely end Global Fund support to Bangladesh. Work with the CCM will resume in Q4.

4. Success Stories – Planning and Development

Planned success story title:	Seamless support to MDR patients
Sub-objective of story:	
Intervention area of story:	
Brief description of story idea:	MDR TB patients received financial support through TB CARE II. Challenge TB is taking over this support to ~800 MDR patients spread throughout Bangladesh to ensure that they can continue to buy food, etc. We will meet with patients in different locations on the importance of these funds and the smooth continuation thereof (insh'Allah).
Status update:	Next quarter we hope to have a good story on ensuring continuous financial support to MDR patients and providers; that activity commences in Q4.

5. MDR-TB cases detected and initiating second line treatment in country

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	480	337	According to our MDR TB algorithm, Xpert +ve for RR are assumed to be MDR TB cases and are put on treatment irrespective of the type of patient (New or Retreatment). Phenotypic DST is done to confirm MDR in new, not retreatment, cases.
Total 2011	612	390	
Total 2012	701	505	
Total 2013	807	684	
Total 2014	994	945	
Jan-Mar 2015	237	229	
Apr-Jun 2015	230	244	
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015	467	473	

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (cancelled, pending, completed)	Dates completed	Duration of the visit (# of days)	Debrief presentations received	Summary report received	Final report received	Additional Remarks (Optional)
1	MSH		Christopher Welch	Interim Country Project Director	Feb-15	Complete	February 11 2015	14	No	Yes	No	No debrief presentation requested
2	MSH		Zubayer Hussain	Interim Country Project Director	Feb-15	Complete	March 6 2015	14	No	Yes	No	No debrief presentation requested. Time in Bangladesh was split, with the first two weeks for CTB and the following time for SIAPS. Only the CTB portion is counted in the "duration" column.
3	KNCV		Netty Kamp	Interim Technical Advisor	Feb-Mar 2015	Complete	February 21 2015	30	Yes	Yes	No	
4	KNCV		Netty Kamp	Interim Technical Advisor	Feb-Mar 2015	Complete	March 24 2015	23	Yes	Yes	No	Second trip required due to Bangladeshi visa caps
5	MSH		TBD	To-post travel for Country Project Director	Q1	Pending						Travel to occur in Q4

6	KNCV		Maarten van Cleef	PY1 Workplanning	Nov 2014	Complete		11	Yes	No	No	
7	KNCV		Marijke Becx	PY1 Workplanning	Nov 2014	Complete		11	Yes	No	No	
8	KNCV		Dr. Asif Mujtaba Mahmud	To attend CPD meeting and PMU orientation	June 2015	Complete	June 10 2015	5 Days	Yes	Yes	No	
9	MSH		Dr. Emdadul Hoque	To attend CPD meeting	June 2015	Complete	June 5 2015	5 Days	Yes	Yes	No	
10	MSH		Mr. Chris Welch	To attend CPD meeting	June 2015	Complete	June 5, 2015	5 days	No	No	No	
11	MSH		Berhanemeskal Assefa	PY1 Workplanning	Nov 2014	Complete		11	Yes	No	No	
12	MSH		Anna Spector	PY1 Budgeting	Nov 2014	Complete		11	Yes	No	No	
13	MSH		Mr. Chris Welch	Interim CPD	May 2015	Complete	May 17 2015	19 days	No	Yes	No	
14	MSH		Ms. Munira Siddiqi	HR support for startup, including team orientation	Q3	Complete	May 2015	7 days	No	Yes	No	
15	MSH		Ms. Grace Hafner	Interim CPD	June-July 2015	Pending	July 15, 2015	26 days	No	No	No	Trip started but not completed during Q3
16	KNCV	2.1.1	Valentina Anisimova	Laboratory Strategic Plan Workshop	May-June 2015	Complete	June 5, 2015	15 days	Yes	Yes	Yes	
17	KNCV	1.1	TBD	PPM Workshop	Q3	Pending	August 2015	14	Choose an item.	Choose an item.	Choose an item.	Trip combined with Workplanning and shifted to after Eid
18	KNCV	2.2	Marijke Becx	External Quality Assurance	Q3	Pending	July 2015	14	Choose an item.	Choose an item.	Choose an item.	

19	KNCV	12.1	Netty Kamp	General TB Technical support & Work planning	Q3	Pending	August 2015	14	Choose an item.	Choose an item.	Choose an item.	Trip combined with PPM Workshop
20	KNCV		TBD	Operational Research on 9- month protocol	Q3	Pending			Choose an item.	Choose an item.	Choose an item.	Waiting for approval of 9- month protocol.
21	MSH	11.1	TBD	Assess the balance of staffing and tasks between NTP and NGOs including supervision	Q3	Pending			Choose an item.	Choose an item.	Choose an item.	Appropriate consultant not available until Q4
Total number of visits conducted (cumulative for fiscal year)							14					
Total number of visits planned in approved workplan							21					
Percent of planned international consultant visits conducted							67%					